



# 2023 Medical Plans Comparison

	Anthem PPO HDHP		Anthem PPO \$500 Deductible	
<b>Network Availability</b>	Nationwide and Overseas			
<b>Provider Network</b>	Anthem Blue Access PPO network in Indiana, Anthem National PPO (BlueCard PPO) network in other states, Anthem Blue Cross Blue Shield Global Core network overseas			
<b>HSA Contributions</b> <i>(IU's full contribution is deposited with your second paycheck in January)</i>	<b>IU Contribution:</b> <b>\$1,300</b> employee-only coverage <b>\$2,600</b> all other coverage levels  <b>Employee Contributions:</b> Minimum <b>\$300</b> (\$25 monthly) Maximum <b>\$3,850</b> employee-only / <b>\$7,750</b> all other coverage levels For those age 55+, additional \$1,000 catch-up		Not Eligible	
<b>MEDICAL</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Deductible</b>	<b>\$1,800</b> employee-only <b>\$3,600</b> all other levels	<b>\$3,600</b> employee-only <b>\$7,200</b> all other levels	<b>\$500</b> individual <b>\$1,500</b> family	<b>\$900</b> individual <b>\$2,700</b> family
<b>Out-of-Pocket (OOP) Maximum</b>	<b>\$3,600</b> employee-only <b>\$7,200</b> all other levels	<b>\$7,200</b> employee-only <b>\$14,400</b> all other levels	<b>\$2,400</b> individual <b>\$7,200</b> family	<b>\$6,850</b> individual <b>\$13,700</b> family
<b>Office Visits</b>	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>20%</b> after deductible	<b>40%</b> after deductible
<b>Coinsurance</b>	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>20%</b> after deductible	<b>40%</b> after deductible
<b>Preventive Services</b>	<b>\$0</b> no deductible	<b>40%</b> after deductible	<b>\$0</b> no deductible	<b>40%</b> after deductible
<b>Mental Health &amp; Substance Use</b>	Covered as any other illness through Anthem Behavioral Health.			
<b>Emergency Room</b>	<b>20%</b> after deductible <i>No coverage unless an emergency</i>		<b>\$150</b> copay <i>Waived if admitted</i>	
<b>Urgent Care</b>	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>\$75</b> copay	<b>40%</b> after deductible
<b>PRESCRIPTIONS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Retail</b> <i>(up to 30-day supply)</i>	<b>20%</b> after deductible	No coverage	Tier 1 – 3 <b>\$8 / \$25 / \$45</b>	<b>50%</b> plus amounts above the network's discounted price
<b>Retail at CVS Pharmacies</b> <i>(up to 90-day supply)</i>			Tier 1 – 3 <b>\$20 / \$62 / \$112</b>	
<b>Mail Order</b> <i>(up to 90-day supply)</i>			Tier 1 – 3 <b>\$20 / \$62 / \$112</b>	No coverage
<b>Specialty</b> <i>(up to 30-day supply)</i>			Tier 1 – 3 <b>\$20 / \$62 / \$112</b>	
<b>OOP Maximum for Prescriptions</b>			N/A (included with medical OOP max)	<b>\$6,700</b> individual <b>\$11,000</b> family
<b>Preventive Prescriptions</b>	All plans pay 100% for preventive prescriptions including generic contraceptives, pediatric sodium fluoride, low dose aspirin, folic acid, Vitamin D for age 65 and older, Tamoxifen, Raloxifene, and iron. 100% coverage for tobacco cessation products & nicotine replacement (up to 180-day supply each year). OTC products require a prescription for coverage.			
<b>VISION</b>				
<b>Eye Exams &amp; Eyewear</b>	Routine eye exam (\$10 copay) and eyewear (frames, lenses, contacts) at specific allowances through Anthem Blue View Vision.			